State of Maryland Procurement Agency Activity Report

Department of Budget and Management Run Date Time: 3/27/2021 5:27 PM

| | | | | | | | BPW Award Date and | | | | | |
|---|---|--|--|---|---|--|--|--|--|--|--|--|
| 1 | Item and Category | Method | # Bids | Original Contract Amount | Fund Sour | ce | Agenda Item | | | | | |
| | E50B8400022 | SS | 0 | \$70,025.88 | GF- 50. | 00% | | | | | | |
| | S | | | | SP- 50.0 | 00% | | | | | | |
| | Using | Agency | | Contractor Name, City, State Or | | | ginal Contract Number | | | | | |
| | DEPARTMENT OF ASSESSMENTS & | | | | | | | | | | | |
| | TAXA | ATION | | COSTAR GROUP, INC. | | | | | | | | |
| | | | | WASHINGTON | DC | | | | | | | |
| | Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal option) | | | | | | | | | | | |
| | | | | CESS TO MARYLAND STATE | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | MPS FOR DC & NORTHERN \ | A IN ORDER TO DE | TERMINE & | DEFEND SDAT | | | | | |
| | PROPERTY VALUAT | IONS. TE | | 02018 - 3/31/2019 (1 YEAR) | | | | | | | | |
| | Complete Below - Contract Modifications Only | | | | | | | | | | | |
| | | | | e % Increase this Mod. to Cumulative % Increase All | | | | | | | | |
| | Mod Date: | of | Mod. | Original Contract | Mods to Original | Contract | Cum Total Contract Amount | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | BPW Award Date and | | | | | |
| 2 | Itam and Catagony | Mathad | # Bids | Original Contract Amount | Fund Sour | rce. | Agenda Item | | | | | |
| 4 | Item and Category | | π Dius | | T tille Soul | ·CC | 7 Igenda Item | | | | | |
| L | M00B9400002 | CSB | # Dius | \$181,530.00 | | 00% | rigenda nem | | | | | |
| L | M00B9400002 S | CSB | | \$181,530.00 | GF- 100. | 00% | | | | | | |
| L | M00B9400002 S | | | | GF- 100. | 00% | ginal Contract Number | | | | | |
| 2 | M00B9400002 S | CSB | | \$181,530.00 Contractor Name, | GF- 100. | 00% | | | | | | |
| 2 | M00B9400002 S Using | CSB Agency | 2 | \$181,530.00 Contractor Name, COMPASSIONATE CARE | GF- 100. | 00% | | | | | | |
| 2 | M00B9400002 S | CSB Agency | 2 | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE | GF- 100. City, State | 00% | | | | | | |
| 2 | M00B9400002 S Using MD DEPARTM | CSB Agency ENT OF H | 2 HEALTH | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE BALTIMORE | GF- 100. City, State | Ori | ginal Contract Number | | | | | |
| 2 | M00B9400002 S Using MD DEPARTM | Agency ENT OF H | 2 HEALTH | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE BALTIMORE or contract modifications, If | GF- 100. City, State MD applicable, and indi | Ori | ginal Contract Number sion or renewal option) | | | | | |
| 2 | M00B9400002 S Using MD DEPARTM Description/Remark | Agency ENT OF F ks(Include) | 2 HEALTH Le reasons fo | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE BALTIMORE or contract modifications, If and a services of DONATED & | GF- 100. City, State MD applicable, and indi UNCLAIMED DECED | Ori Ori cate if exten | ginal Contract Number sion or renewal option) FROM HOSPITALS, | | | | | |
| 2 | M00B9400002 S Using MD DEPARTM Description/Remark PROVIDE REMOVAL NURSING HOMES, 8 | Agency ENT OF F cs(Include & TRAN & RESIDE | 2 HEALTH The reasons for SPORTATION NCES IN ARE | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE BALTIMORE or contract modifications, If and the services of DONATED & SERVICES OF DONA | GF- 100. City, State MD applicable, and indi UNCLAIMED DECED STATE ANATOMY B | Ori Cate if exten | ginal Contract Number sion or renewal option) FROM HOSPITALS, HOURS A DAY/7 DAYS | | | | | |
| 2 | M00B9400002 S Using MD DEPARTM Description/Remark PROVIDE REMOVAL NURSING HOMES, 8 | Agency ENT OF F cs(Include & TRAN & RESIDE | EALTH The reasons for sportation of the sportat | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE BALTIMORE or contract modifications, If and the services of DONATED & EA 3 (WESTERN MD) TO THE (5 YEARS W/NO RENEWAL CONTRACTOR OF THE SERVICES OF DONATED & CONTRACTOR OF THE SERVICES OF DONATED & CONTRACTOR OF THE SERVICES OF DONATED & CONTRACTOR OF THE SERVICES OF | GF- 100. City, State MD applicable, and indi UNCLAIMED DECED STATE ANATOMY B | Oo% Ori Cate if exten ENT BODIE: OARD, 24 H | ginal Contract Number sion or renewal option) FROM HOSPITALS, HOURS A DAY/7 DAYS | | | | | |
| 2 | M00B9400002 S Using MD DEPARTM Description/Remark PROVIDE REMOVAL NURSING HOMES, 8 | Agency ENT OF F Ass(Include & TRAN & RESIDE 1/2018 - | 1EALTH The reasons for sportation of the sporta | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE BALTIMORE or contract modifications, If and the services of DONATED & SERVICES OF DONA | GF- 100. City, State MD applicable, and indi UNCLAIMED DECED STATE ANATOMY B DPTIONS) MDH/OPA t Modifications On | Ori Ori cate if exten ENT BODIE: OARD, 24 H ASS 19-1787 | ginal Contract Number sion or renewal option) FROM HOSPITALS, HOURS A DAY/7 DAYS | | | | | |
| 2 | M00B9400002 S Using MD DEPARTM Description/Remark PROVIDE REMOVAL NURSING HOMES, & A WEEK. TERM: 7/ | Agency ENT OF H ENT OF H | JEALTH The reasons for the re | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE BALTIMORE or contract modifications, If and the services of DONATED & EA 3 (WESTERN MD) TO THE (5 YEARS W/NO RENEWAL COmplete Below - Contract Mod. to | MD applicable, and indi UNCLAIMED DECED STATE ANATOMY B DPTIONS) MDH/OPA t Modifications On Cumulative % Inc | Ori Cate if extension BODIE: BOARD, 24 HASS 19-1787 | ginal Contract Number Ision or renewal option) S FROM HOSPITALS, IOURS A DAY/7 DAYS | | | | | |
| 2 | M00B9400002 S Using MD DEPARTM Description/Remark PROVIDE REMOVAL NURSING HOMES, 8 | Agency ENT OF H ENT OF H | 1EALTH The reasons for sportation of the sporta | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE BALTIMORE or contract modifications, If and the services of DONATED & SERVICES OF DONA | GF- 100. City, State MD applicable, and indi UNCLAIMED DECED STATE ANATOMY B DPTIONS) MDH/OPA t Modifications On | Ori Cate if extension BODIE: BOARD, 24 HASS 19-1787 | ginal Contract Number sion or renewal option) FROM HOSPITALS, HOURS A DAY/7 DAYS | | | | | |
| 2 | M00B9400002 S Using MD DEPARTM Description/Remark PROVIDE REMOVAL NURSING HOMES, & A WEEK. TERM: 7/ | Agency ENT OF H ENT OF H | JEALTH The reasons for the re | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE BALTIMORE or contract modifications, If and the services of DONATED & EA 3 (WESTERN MD) TO THE (5 YEARS W/NO RENEWAL COmplete Below - Contract Mod. to | MD applicable, and indi UNCLAIMED DECED STATE ANATOMY B DPTIONS) MDH/OPA t Modifications On Cumulative % Inc | Ori Cate if extension BODIE: BOARD, 24 HASS 19-1787 | ginal Contract Number Ision or renewal option) S FROM HOSPITALS, IOURS A DAY/7 DAYS | | | | | |
| 2 | M00B9400002 S Using MD DEPARTM Description/Remark PROVIDE REMOVAL NURSING HOMES, & A WEEK. TERM: 7/ | Agency ENT OF H ENT OF H | JEALTH The reasons for the re | \$181,530.00 Contractor Name, COMPASSIONATE CARE TRANSPORT SERVICE BALTIMORE or contract modifications, If and the services of DONATED & EA 3 (WESTERN MD) TO THE (5 YEARS W/NO RENEWAL COmplete Below - Contract Mod. to | MD applicable, and indi UNCLAIMED DECED STATE ANATOMY B DPTIONS) MDH/OPA t Modifications On Cumulative % Inc | Ori Cate if extension BODIE: BOARD, 24 HASS 19-1787 | ginal Contract Number Ision or renewal option) S FROM HOSPITALS, IOURS A DAY/7 DAYS | | | | | |

State of Maryland Procurement Agency Activity Report

APR 2018

Department of Budget and Management Run Date Time: 3/27/2021 5:27 PM

| | | | | | | | BPW Award Date and | | | | | |
|---|---|----------|-----------|--------------------------------------|---------------------------|-----------------|---------------------------|--|--|--|--|--|
| 3 | Item and Category | Method | # Bids | Original Contract Amount | Fun | nd Source | Agenda Item | | | | | |
| | M00B9400003 | CSB | 3 | \$163,406.25 | GF- 100.00% | | | | | | | |
| | S | | | | | | | | | | | |
| | Using Agency | | | Contractor Name, City, State | | | Original Contract Number | | | | | |
| | MD DEPARTM | ENT OF H | IEALTH | COMPASSIONATE CARE TRANSPORT SERVICE | | | | | | | | |
| | | | | BALTIMORE | MD | | | | | | | |
| | Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal option) | | | | | | | | | | | |
| | ROVIDE REMOVAL & TRANSPORTATION SERVICES OF DONATED & UNCLAIMED DECEDENT BODIES FROM HOSPITALS, | | | | | | | | | | | |
| | NURSING HOMES, & RESIDENCES IN AREA 4 (EASTERN SHORE) TO THE STATE ANATOMY BOARD, 24 HOURS A DAY/7 DAYS | | | | | | | | | | | |
| | A WEEK. TERM: 7/1/2018 - 6/30/2023 (5 YEARS W/NO RENEWAL OPTIONS) MDH/OPASS 19-17879 | | | | | | | | | | | |
| | Complete Below - Contract Modifications Only | | | | | | | | | | | |
| | | Mod No | and Value | % Increase this Mod. to | | e % Increase Al | = | | | | | |
| | Mod Date: of Mod. | | Mod. | Original Contract | Mods to Original Contract | | Cum Total Contract Amount | | | | | |
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